



JUN 3 0 2014

FCC Mail Room

REDACTED - FOR PUBLIC INSPECTION

June 26, 2014

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

Re: In the Matter of ETC Annual Reports and Certifications, Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208

Dear Ms. Dortch:

On behalf of City of Faith Municipal Telephone Company ("City of Faith"), please find enclosed two copies of City of Faith's FCC Form 481, along with the redacted versions of the Confidential Financial Information.

Also enclosed are copies of City of Faith's redacted five-year service quality improvement plan.

One copy of the FCC Form 481, containing Confidential Financial Information, is being filed under separate cover.

Please do not hesitate to contact me at (402) 441-4315 if you have any questions regarding this submission.

Respectfully submitted,

Jessica Meyer

Consultant

Consortia Consulting, Inc.

No. of Copies rec'd 09/ List ABCDE



FCC For	m 481 - Carrier Annual Reporting Data Collection Form		CC Form 481 . DMB Control No. 3060-0986/OMB Control No. 3060-0818 uly 2013
<010>	Study Area Code	391653	Received & Inspected
<015>	Study Area Name	CITY OF FAITH MUNIC	
<020>	Program Year	2015	.IUN 3 0 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Judy Christiansen	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4028181322 ext.	FCC Mail Room
<039>	Contact Email Address: Email of the person identified in data line <030>	jchristiansen@consortiaconsulting.com	
ANNUA	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting	(complete attached works	A TO THE WORLD THE
	Outage Reporting (voice)	(complete attached works	sheet)
<210>		outages to report	· · · · · · · · · · · · · · · · · · ·
<300>	Unfulfilled Service Requests (voice)		1
<310>	Detail on Attempts (voice)		The state of the s
	L		(attach descriptive document)
<320>	Unfulfilled Service Requests (broadband)		
<330>	Detail on Attempts (broadband)		(attach descriptive document)
<400>	Number of Complaints per 1,000 customers (voice)		_
<410>	Fixed 0.0		/ /
<420> <430>	Mobile 0.0 Number of Complaints per 1,000 customers (broadt	pand)	
<440>	Fixed 0.0		
<450> <500>	Mobile 0.0 Service Quality Standards & Consumer Protection R	ules Compliance (check to indicate certific	cation)
<510>	391653sd510.pdf	(attached descriptive o	document)
<600>	Functionality in Emergency Situations 391653sd610.pdf	(check to indicate certific	cation)
	3	(attached descriptive doc	ument)
<610>			
<700>	Company Price Offerings (voice)	(complete attached work	risheet)
	Company Price Offerings (broadband)	(complete attached work	(sheet)
	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(complete attached work (if yes, complete attached work	
	Voice Services Rate Comparability	(check to indicate certific	
<1010>		(attach descriptive docu	iment)
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certif	ication)
<11110>		(complete attached work	THE SALES OF THE S
<1200>	Price Cap Carriers, Proceed to Price Cap Additional	(complete attached worksheet	xsneet) V
	Including Rate-of-Return Carriers affiliated with Pr	WARRANCE TO COLOR OF COLOR OF THE COLOR OF T	
<2000> <2005>		(check to indicate certific (complete attached work	The state of the s
20037	Rate of Return Carriers, Proceed to ROR Additional		
<3000> <3005>		(check to indicate certific	10. Ve 70. Ve 70. Ve 70.
/2002>		(complete attached work	sneetj

 Study Area Code Study Area Name CITY OF FAITH HONIC 2015 Study Area Name CITY OF FAITH HONIC 2015 Contact Name - Person USAC should contact regarding this data Judy Contact Name - Person USAC should contact regarding this data Judy Contact Telephone Number - Number of person identified in data line <a> 0.30 > 0.30 Contact Telephone Number - Number of person identified in data line <a> 0.30	- 10000000 TANKER	ervice Quality Improvement Reporting Ilection Form		FCC Form 481 OMB Control No. 3060 098 July 2013	36/OMB Control No. 3060-0819
 <	<010>	Study Area Code	391653		
 Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Cyes / no) <li< td=""><td><015></td><td>Study Area Name</td><td>CITY OF FAITH MUNIC</td><td></td><td></td></li<>	<015>	Study Area Name	CITY OF FAITH MUNIC		
Contact Telephone Number - Number of person identified in data line <030> 4028181322 ext. Contact Email Address - Email Address of person identified in data line <030> jobristiansen@consortiaconsulting.com Contact Email Address - Email Address of person identified in data line <030> jobristiansen@consortiaconsulting.com If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing \$54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to \$54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF) was used to improve service coverage	<020>	Program Year	2015		
 Contact Email Address - Email Address of person identified in data line <030> johristiansensoonsortiaconsulting.com Has your company received its ETC certification from the FCC? [yes/no] (yes/no] (yes/no) (yes/no)	<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen		
410> Has your company received its ETC certification from the FCC? If your answer to Line 410> is yes, do you have an existing \$54.202(a) "5 411> year plan" filed with the FCC? If your answer to Line 411> is yes, then you are required to file a progress report, on line 4112> delineating the status of your company's existing \$ 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. 412> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.331(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Name of Attached Document Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. 4113> Maps detailing progress towards meeting plan targets 414> Report how much universal service (USF) support was received 415> How (USF) was used to improve service quality 416> How (USF) was used to improve service coverage	<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.		
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<114> Report how much universal service (USF) support was received <115> How (USF) was used to improve service quality <116> How (USF)was used to improve service coverage		112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire	ne	Name of Attached Document	
<115> How (USF) was used to improve service quality <116> How (USF)was used to improve service coverage	<113>	Maps detailing progress towards meeting plan targets			
<116> How (USF)was used to improve service coverage	<114>	Report how much universal service (USF) support was received			
	<115>	How (USF) was used to improve service quality			
c1175 How (LISE) was used to improve service canacity	<116>	How (USF)was used to improve service coverage			
1172 How (63) I was used to improve service capacity	<117>	How (USF) was used to improve service capacity			
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<118>				

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

-	<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f>_</f>	<g></g>	<h></h>
	NORS Reference	Outage Start	Outage Start		Outage End	Number of		911 Facilities	Service Outage	Did This Outage Affect Multiple		
-	Number	Date	Time	Date	Time	Customers Affected		Affected	Description (Check	Study Areas	Service Outage	Preventativ
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedure
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<010>	Study Area Code		391653
<015>	Study Area Name		CITY OF FAITH MUNIC
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data	line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030>	jchristiansen@consortiaconsulting.com
<701>	Residential Local Service Charge Effective Date	1/1/2014	

Ka1>	<a2></a2>	<a3></a3>	<b1></b1>	 <b2></b2>	 	<04×1		
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
							1 20 7	
				See at	tached worksheet			
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(710) Broadband Price Offerings	FCC Form 4917
Data Collection Form	OMB Control No. 3060-0086/OMB Control No. 3060-0819
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<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

(a)	1(825)	<b1></b1>	<625		<d1></d1>	<62>	₹d3 x	kdas 15
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken Whe Limit Reached (selec
		- × - × - × - × - × - × - × - × - × - ×						
			See attac	hed				

(800) Operating Companies Data Collection Form	FEC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2019

<010>	Study Area Code		391653
<015>	Study Area Name		CITY OF FAITH MUNIC
<020>	Program Year		2015
<030>	Contact Name - Person	USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>		4028181322 ext.
<039>	Contact Email Address -	Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<810>	Reporting Carrier	City of Faith Municipal Telephone Company	
<811>	Holding Company	City of Paith	
<812>	Operating Company	NA	

<813>	Company of the sale	\$02× 1	THE RESERVE OF STREET
	Affiliates	SAC	Doing Business As Company or Brand Designation
		ene enement	
	Account which was a second with a second		
- 546		West	

	al Lands Reporting ection Form	y protest			FCC Form 481 OMB Control No. 3060 July 2013: 23	0986/OMB Control No	3060-0819
<010> <015> <020>	Study Area Code Study Area Name Program Year		391653 CITY OF FAITH MUNIC 2015				
<030> <035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line	<030>	Judy Christiansen 4028181322 ext.				
<039>	Contact Email Address - Email Address of person identified in data line		jchristiansen@consor	tiaconsulting.com			
<910>	Tribal Land(s) on which ETC Serves				.,	1,000	
<920>	Tribal Government Engagement Obligation			Name of Attached	l Document		
to confir demonst	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes me the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to (a)(9) includes:	Sele (Yes,	No,				
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	1416					
<922>	Feasibility and sustainability planning;		_				
<923>	Marketing services in a culturally sensitive manner;	-	_				
<924>	Compliance with Rights of way processes	-					
<925>	Compliance with Earlities String rules	-					
<926>	Compliance with Facilities Siting rules Compliance with Environmental Review processes	-					
<928>	Compliance with Cultural Preservation review processes	-					
<929>	Compliance with Tribal Business and Licensing requirements.						

	o Terrestrial Backhaul Reporting ection Form	FCC Form 481 OMB control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	391653
<015>	Study Area Name Program Year	CITY OF FAITH MUNIC
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)	
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	

Lifeline	rms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB control No. 3060 6819 July 2013
<010>	Study Area Code		391653
<015>	Study Area Name		CITY OF FAITH MUNIC
<020>	Program Year		2015
<030>	Contact Name - Person USAC should contact regarding this data		Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data I	ine <030>	> 4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030	> jchristiansen@consortiaconsulting.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		391653sd2110.pdf
			Name of Attached Document
<1220>	Link to Public Website	нттр	AND THE PARTY OF T
or the we	neck these boxes below to confirm that the attached document(s), on line is boxed by the listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	/	
<1222>	Details on the number of minutes provided as part of the plan,		
<1223>	Additional charges for toll calls, and rates for each such plan.		

Date Collection Form Sudy Area Code 391653 Study Area Code 391653 Study Area Code 391653 Study Area Name CITY OF FAITH MORIC CODE Area Telephone Number - Number of person identified in data line <0.000 August 2015 August 2015 Contact Team - Person USAC should contact regarding this data Judy Christianneen August 2015 Contact Telephone Number - Number of person identified in data line <0.000 August 2015 August 2016 August 2
Data Collection Form ONE Control No. 3060 Designation of Designat
Collogo Study Area Code 391653 Study Area Name CITY OF FAITH MUNIC COLOR Name Person USAC should contact regarding this data Judy Christiansen Color Number - Number of person identified in data line <030> Volume Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Telephone Number - Number of person identified in data line <030> Contact Tenall Address - Email Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address - Email Address of person identified in data line <030> Contact Tenall Address of person identified in data line <030> Contact Tenall Address of person identified in data line <030> Contact Tenall Address of person identified in data line <030> Contact Tenall Address of person identified in data line <030> Contact Tenall Address of person identified in data line <0300 Contact Tenall Address of person identified in data line <0300 Contac
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CO15> Study Area Name CITY OF PAITH MIDDIC CO20> Program Year CO30> Contact Name - Person USAC should contact regarding this data CO35> Contact Telephone Number - Number of person identified in data line CO30> 4028181322 ext. CO39> Contact Email Address - Email Address of person identified in data line CO30> 1chriatiansenseconsortiaconsulting.com CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting 2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) Price Cap Carrier Receiving Frozen Support Certification 2014> 2015 Frozen Support Certification 2016> 2016 and future Frozen Support Certification Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
CO15> Study Area Name CITY OF PAITH MIDDIC CO20> Program Year CO30> Contact Name - Person USAC should contact regarding this data CO35> Contact Telephone Number - Number of person identified in data line CO30> 4028181322 ext. CO39> Contact Email Address - Email Address of person identified in data line CO30> 1chriatiansenseconsortiaconsulting.com CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting 2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) 3rd Year Certification (47 CFR § 54.313(b)(2)) Price Cap Carrier Receiving Frozen Support Certification 2014> 2015 Frozen Support Certification 2016> 2016 and future Frozen Support Certification Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
CO20> Program Year CO30> Contact Name - Person USAC should contact regarding this data Sudy Christiansen CO35> Contact Telephone Number - Number of person identified in data line <030> CO39> Contact Email Address - Email Address of person identified in data line <030> CO30> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email Address - Email Address of person identified in data line <030> CONTACT Email Address - Email
Contact Name - Person USAC should contact regarding this data 4030> Contact Telephone Number - Number of person identified in data line <030> 4028181322 ext. 4028181322 ext. 51 christiansen@consortiaconsulting.com CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting 42010> 2nd Year Certification (47 CFR § 54.313(b)(2)) Price Cap Carrier Receiving Frozen Support Certification 47 CFR § 54.312(a)) 42012> 2013 Frozen Support Certification 47 CFR § 54.312(a)) 42013> 2014 Frozen Support Certification 47 CFR § 54.313(d)) Price Cap Carrier Receiving Frozen Support Certification 47 CFR § 54.313(d))
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Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
Connect America Phase II Reporting (47 CFR § 54.313(e))
<2017> 3rd year Broadband Service Certification
<2018> Sth year Broadband Service Certification
<2019> Interim Progress Certification
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information
pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and
addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.
preceding calendar year.
ORGANICA SERVICIO DE COMPANICA DE LOS COMPANICACIONES DE COMPANICA DE
<2021> Interim Progress Community Anchor Institutions
<2021> Interim Progress Community Anchor Institutions
<2021> Interim Progress Community Anchor Institutions

(3000) Rt	ate Of Return Carrier Additional Documentation		FCCForm 481
Data Coll	ection Form		OM8 Control No. 3060-0986/OM8 Control No. 3060-0819
	Carried Section 12 March 18 10		(Uly 2013)
<010>	Study Area Code Study Area Name	391653 CITY OF FAITH MUNIC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	ichristiansen@consortiaconsulting.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(f)(2). I further certify that th	t to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring c e information reported on this form and in the documents attach	
(3010)	Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Informa	tion
(3011)	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions {47 CFR § 54.313{f}{1}{ii}}		
(3014)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}{2}} if yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)	38
	check these boxes to confirm that the attached document(s), on line 3017	, contains the required information pursuant to § 54.313(f)(2) compliance requires:
	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cast	h Flows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	D(C)
	if the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	~	
(3019)		rmat comparable to RUS Operating Report for Telecommunications	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows	
(3021)	Management letter issued by the independent certified public accountant that p	performed the company's financial audit.	
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(3023)	Underlying information subjected to a review by an independent certifled public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows 391653sd3026.pdf, 391653sd3026.xlsx	
(3026)	Attach the worksheet listing required information		
		Name of Attached Document Listing Required Information	

STATE OF THE PARTY	ion - Reporting Carrier ection Form	OMB Control No. 3060-0386/OM8 Control No. 3060-0819
<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my response recipients; and, to the best of my knowledge, the information	onsibilities include ensuring the accuracy of the annual reporting requirements for universal service support on reported on this form and in any attachments is accurate.
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	We 470 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

SECTION STREET, SALES	ión-Agent / Carrier : 2 ettion Form : 2 1	FCC Form 481 P OVIR Control No. 3080K/986/DMB Control No. \$000.0019 CLUY 2013
<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) <u>Judy Christiansen</u> also certify that I am an officer of the reporting carrier; my responsible agent; and, to the best of my knowledge, the reports and data provide	Is authorized to submit the information reported on behalf of the reporting ca lities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent is accurate.
Name of Authorized Agent: Judy Christiansen	
Name of Reporting Carrier: CITY OF FAITH MUNIC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/23/2014
Printed name of Authorized Officer: Debbie Brown	
Title or position of Authorized Officer: Pinance Officer	
Telephone number of Authorized Officer: 6059672261 ext.	
Study Area Code of Reporting Carrier: 391653	Filing Due Date for this form: 07/01/2014

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CA	AF or LI Recipients on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for univers the data reported herein based on data provided by the reporting carrier; and, to the best of my knowle	[1] 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
Name of Reporting Carrier: CITY OF PAITH MUNIC	
Name of Authorized Agent or Employee of Agent: Judy Christiansen	A A AMARINAL AND A STATE OF THE
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: 06/23/2014
Printed name of Authorized Agent or Employee of Agent: Judy Christiansen	
Title or position of Authorized Agent or Employee of Agent Consultant	
Telephone number of Authorized Agent or Employee of Agent: 4018181322 ext.	
Study Area Code of Reporting Carrier: 391653 Filing Due Date for this fo	rm: 07/01/2014

Attachments

(700) Price Offerings including Voice Rate Data	FCE Form 481
Data Collection Form	OMB Control No. 3050-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

<701> Residential Local Service Charge Effective Date 1/1/2014 <702> Single State-wide Residential Local Service Charge 14.0

<703>

State	<a2> Exchange (ILEC)</a2>	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
SD	All		FR	14.0	0.0	0.0	0.0	14.0
								-
							·	

							- 300	
								
					-			
							-3095-002	100 2010 302 10

<010>	Study Area Code	391653
<015>	Study Area Name	CITY OF FAITH MUNIC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Judy Christiansen
<035>	Contact Telephone Number - Number of person identified in data line <030>	4028181322 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jchristiansen@consortiaconsulting.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
SD	All	0.0	0.0	0.0	0.0	0.0	0.0	Other, Co. offers BB but not at requirement

						132		

City of Faith Municipal Telephone Company

<u>Functionality in Emergency Situations</u> for Voice and Broadband <u>Services</u>

Back-Up Power

The Company has back-up power to ensure functionality without an external power source with its battery backup system that is capable of providing power for a minimum period of 8 hours. The Company has a generator that automatically comes on whenever there is a loss of power.

Rerouting of Traffic around Damaged Facilities

The Company provides service in a single exchange. The Company's interexchange traffic is on a SONET ring with diverse routing to prevent being isolated by a fiber cut. The same local loop serves both the voice and broadband services to the subscriber.

Traffic Spikes

The Company is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can take reasonable steps to reroute traffic or add capacity to manage traffic spikes throughout its network as emergency situations require.

City of Faith Municipal Telephone Company

Lifeline Terms and Conditions

City of Faith Municipal Telephone Company (the "Company") offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP)
Federal Public Housing Assistance (Section 8)
Supplemental Nutrition Assistance Program (SNAP)
Medicaid
National School Lunch Program's Free Lunch Program
Supplemental Security Income (SSI)
Temporary Assistance for Needy Families (TANF)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2014 Federal Poverty Guidelines - 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$15,755	\$19,683	\$18,117
2	\$21,236	\$26,541	\$24,422
3	\$26,717	\$33,399	\$30,726
4	\$32,198	\$40,257	\$37,031
5	\$37,679	\$47,115	\$43,335
6	\$43,160	\$53,973	\$49,640
7	\$48,641	\$60,831	\$55,944
8	\$54,122	\$67,689	\$62,249
For each additional person, add	\$5,481	\$6,858	\$6,305

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

The Company's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. The Company's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by the Company. Advertised rates do not include any applicable taxes or surcharges.

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

City of Faith Municipal Telephone Company

Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules for Voice and Broadband Services

Service quality standards and consumer protection rules for broadband are not as defined as the rules for voice services. The Company complies with any service quality standards and consumer protection rules for broadband that are out there now and any that will be defined in the future.

Service Quality Standards

For voice services, the Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- · Provides toll blocking and toll limitation services.

For voice and broadband services, the Company:

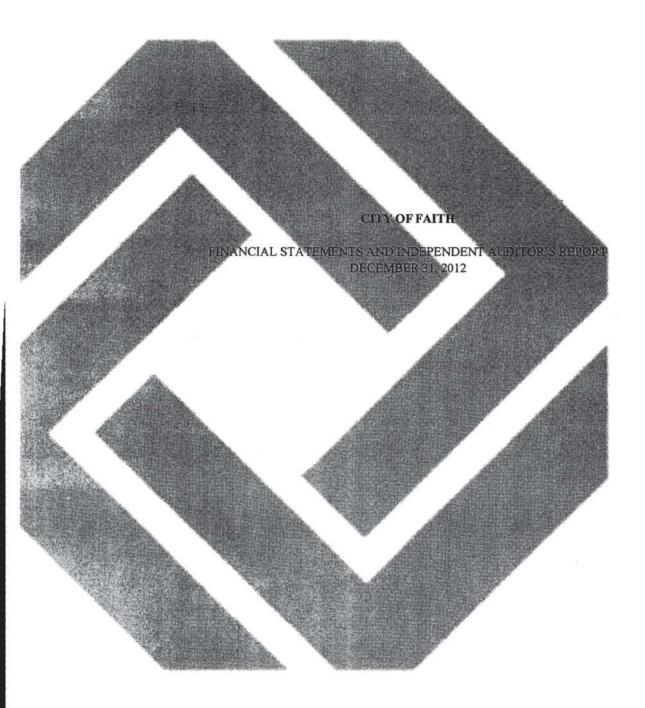
- Advertises the availability of its services and the charges using media of general distribution and/or on its website.
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during business hours.
- · Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- · Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
 - Answer all incoming calls promptly.
 - Respond to all inquiries for information promptly and courteously.
 - Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
 - Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.
- Meets or exceeds the standards established by the state commission and provides any reports that may be required in accordance with the state commission's rules.

Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- · Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

If complaints are filed with the Company regarding consumer protection rules, the complaint is immediately investigated, the matter tracked and any corrective action noted. This process ensures that problems are addressed and corrections made.





CITY OF FAITH

TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditor's Report	1-2
Management's Discussion and Analysis	3-10
Government-wide Financial Statements:	
Statement of Net Position - Modified Cash Basis	11
Statement of Activities – Modified Cash Basis.	12
Fund Financial Statements:	
Balance Sheet – Governmental Fund – Modified Cash Basis	13
Reconciliation of the Governmental Fund Balance Sheet to the Statement of Net Position – Modified Cash Basis.	14
Statement of Revenues, Expenditures, and Changes in Fund Balances – Governmental Fund - Modified Cash Basis	15-16
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balance to the Government-wide Statement of Activities – Modified Cash Basis	17
Statement of Net Position - Proprietary Funds - Modified Cash Basis	18
Statement of Revenues, Expenses, and Changes in Fund Net Position – Proprietary Funds – Modified Cash Basis	19
Statement of Cash Flows - Proprietary Funds - Modified Cash Basis	20
Notes to Financial Statements	21-33
Supplementary Information:	
Budgetary Comparison Schedule – General Fund	34-35
Notes to Required Supplementary Information	36
Other Reports:	
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with	37-38
Auditor's Comments and Closing Conference.	39-41

-1-



810 Quincy Street
P.O. Box 3140, Rapid City, South Dakota 57709
Telephone (605) 342-5630 • e-mail: ktllp@ktllp.com

INDEPENDENT AUDITOR'S REPORT

City Council City of Faith Faith, South Dakota

Report on the Financial Statements

We have audited the accompanying financial statements of the governmental activities, the business-type activities, and each major fund of CITY OF FAITH (the City), Meade County, South Dakota, as of and for the year ended December 31, 2012, and the related notes to the financial statements, which collectively comprise the City's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting as described in Note 1(c); this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Basis for Qualified Opinions on Governmental Activities and General Fund
We did not observe physical chip inventory at December 31, 2012, stated at \$. We were unable to obtain sufficient appropriate audit evidence about inventory quantities by other auditing procedures.

City Council Page Two

Qualified Opinions

In our opinion, except for the possible effects of the matter discussed in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial position of the governmental activities and the General Fund as of December 31, 2012, and the changes in financial position thereof for the year then ended in conformity with the modified cash basis of accounting described in Note 1(c).

Unmodified Opinions

In our opinion, the financial statements referred to in the first paragraph present fairly, in all material respects, the respective financial position of the business-type activities and each major fund, other than the General Fund, for City of Faith as of December 31, 2012, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in conformity with the modified cash basis of accounting described in Note 1(c).

Emphasis of Matter Regarding Basis of Accounting

We draw attention to Note 1(c) of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Disclaimer of Opinion on Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the City's basic financial statements. The management's discussion and analysis and budgetary comparison information on pages 3 through 10 and 34 through 36, which are the responsibility of management, are presented for the purposes of additional analysis and are not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 20, 2013 on our consideration of the City's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the City's internal control over financial reporting and compliance.

KETEL THORSTENSON, LLP Certified Public Accountants

Katal Mostower LLP

September 20, 2013

-3-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS DECEMBER 31, 2012

This section of the City of Faith's (the City) annual financial report presents our discussion and analysis of the City's financial performance during the year ended on December 31, 2012. Please read it in conjunction with the City's financial statements, which follow this section.

FINANCIAL HIGHLIGHTS

	ne main reasons ales Taxes also
The City's business-type activities charges for services increased by percent to services. The City's business-type activities charges for services increased by percent to services. The City's business-type activities charges for services increased by percent to services. The City's business-type activities charges for services increased by percent to services. The City's business-type activities charges for services increased by percent to services. The City's business-type activities charges for services increased by percent to services increased by percent to services.	The main factor les.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report consists of three parts – management's discussion and analysis (this section), the basic financial statements (including related notes), and supplementary information. The basic financial statements include two kinds of statements that present different views of the City:

- The first two statements are government-wide financial statements that provide both long-term and short-term information about the City's overall financial status.
- The remaining statements are fund financial statements that focus on individual parts of the City's government, reporting the City's operations in more detail than the government-wide financial statements.
 - The governmental funds financial statements tell how general government services like public safety were financed in the short-term, as well as what remains for future spending.
 - Proprietary funds financial statements offer short-term and long-term financial information about the activities that the City operates like businesses. The City has funds the

The financial statements also include notes that explain some of the information in the financial statements and provide more detailed data. The basic financial statements are followed by a section of supplementary information that further explains and supports the information in the financial statements.

4-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED) DECEMBER 31, 2012

OVERVIEW OF THE FINANCIAL STATEMENTS (CONTINUED)

Basis of Accounting

The City has elected to present its financial statements on a modified cash basis of accounting. This modified cash basis of accounting is a basis of accounting other than generally accepted accounting principles. Basis of accounting is a reference to *when* financial events are recorded, such as the timing for recognizing revenues, expenses, and their related assets and liabilities. Under the City's modified cash basis of accounting, revenues and expenses and related assets are recorded when they result from cash transactions, except for the recording of investments.

As a result of the use of this modified cash basis of accounting, certain assets and their related revenues, (such as accounts receivable and revenue for billed or provided services not yet collected) and liabilities and their related expenses (such as accounts payable and expenses for goods or services received but not yet paid, and accrued expenses and liabilities) are not recorded in these financial statements. Therefore, when reviewing the financial information and discussion within this annual report, the reader should keep in mind the limitations resulting from the use of the modified cash basis of accounting.

Government-wide Statements

The two government-wide statements report the City's net position and how it has changed. Net position – the difference between the City's assets and liabilities – is one way to measure the City's financial health or position.

- Increases or decreases in the City's net position is an indicator of whether its financial health is improving or deteriorating, respectively.
- To assess the overall health of the City, you need to consider additional non-financial factors such as changes in the City's property tax base and changes in the sales tax revenue base.

The government-wide financial statements of the City are reported in three categories:

 Governmental 	Activities - This	category includ	les most of the	City's basic	services,	
	finance	the majority of th	hese activities.			

- •Business-Type Activities The City charges a fee to customers to help cover the costs of certain services it provides. The are included here.
- Component Units The City does not have any component units.

Fund Financial Statements

The fund financial statements provide more detailed information about the City's most significant funds – not the City as a whole. Funds are accounting devices that the City uses to keep track of specific sources of funding and spending for particular purposes. State law requires some of the funds. The City Council establishes other funds to control and manage money for particular purposes or to show that the City is properly using certain taxes and grants.

-5-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)
DECEMBER 31, 2012

OVERVIEW OF THE FINANCIAL STATEMENTS (CONCLUDED)

Fund Financial Statements (Continued)

The City has two kinds of funds:

- Governmental Funds Most of the City's basic services are included in the governmental funds, which focus on (1) how cash and other financial assets that can be readily converted to cash flow in and out and (2) the year-end balances available for spending. Consequently, the governmental funds financial statements provide a detailed short-term view which helps determine whether there are more or fewer financial resources that can be spent in the near future to finance the City's programs. Because this information does not encompass the additional long-term focus of the government-wide statements, we provide additional information at the bottom of the governmental funds financial statements, or on the subsequent page, that explains the relationship (or differences) between them.
- Proprietary Funds Services for which the City charges customers a fee are generally reported in proprietary funds. Proprietary funds, like the government-wide statements, provide both short-term and long-term financial information. The City's proprietary funds are the same as its business-type activities, but provide more detail and additional information, such as cash flows.

FINANCIAL ANALYSIS OF THE CITY AS A WHOLE

Net Position

The City's combined net position increased by percent between the fiscal year 2011 and 2012 – increasing to (See Table A-1)

The Statement of Net Position – Modified Cash Basis reports all financial and capital resources. This statement presents the assets and liabilities in order of relative liquidity. The liabilities with average maturities greater than one year are reported in two components – the amount due within one year and the amount due in more than one year. The only long-term liability of the City, a capital lease, has been reported in this manner on the Statement of Net Position – Modified Cash Basis. The difference between the City's assets and liabilities is its net position.

-6-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED) DECEMBER 31, 2012

FINANCIAL ANALYSIS OF THE CITY AS A WHOLE (CONTINUED)

	•	2-4-4-74-424	m	T 000000	2012 and 2011	
		ntal Activities		ype Activities		Total
	2012	2011	2012	2011	2012	2011
Current and Other Assets	\$	\$	\$	\$	\$	\$
Capital Assets						<u> </u>
Total Assets	\$	\$	\$	\$	S	\$
Current Liabilities	s	\$	\$	\$	s	\$
Long-Term Debt			-	9000-0-10		
Total Liabilities	\$	\$	\$	\$	\$	\$
Net Investment in Capital Assets Unrestricted	s	\$	S	\$	s	\$
Total Net Position	\$	\$	\$	\$	\$	\$
Beginning Net Position						
Increase (Decrease) in Net Position	s	s -	s	\$	s	\$
Percentage of Change in Net Position	3		3	3	S	5

Changes in Net Position

The City's revenues totaled and another and the total cost of all programs and services was another for the year ended December 31, 2012. The City's expenses cover a range of services, including road maintenance, parks and recreation services, and sewer system services. (See Table A-2).

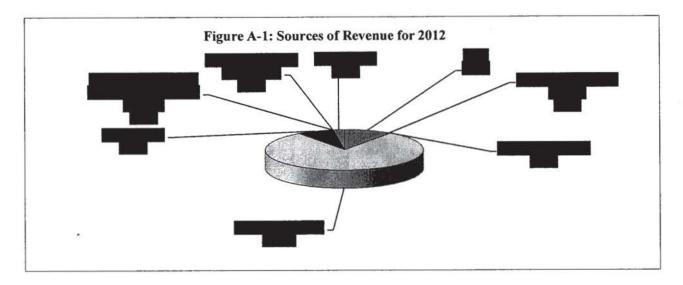
-7

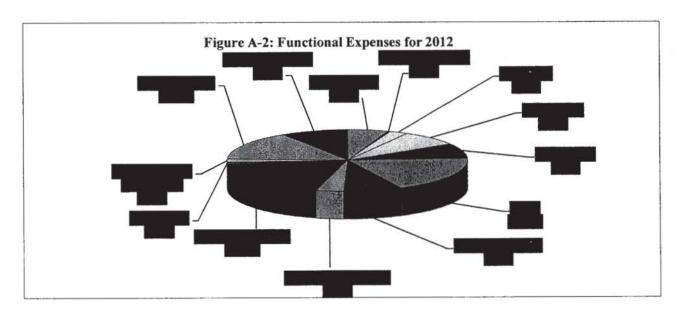
CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED) DECEMBER 31, 2012

FINANCIAL ANALYSIS OF THE CITY AS A WHOLE (CONTINUED)

Changes in Net Position (Continued)





-8

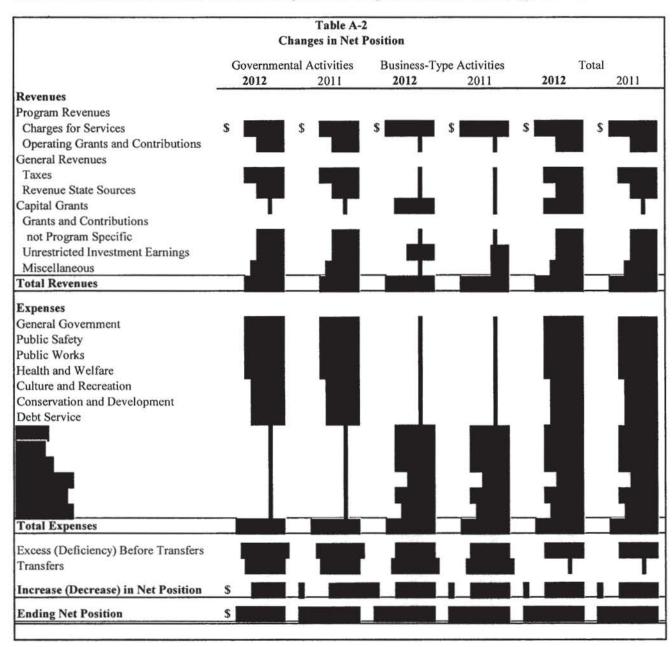
CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)
DECEMBER 31, 2012

FINANCIAL ANALYSIS OF THE CITY AS A WHOLE (CONTINUED)

Changes in Net Position (Continued)

Table A-2 and the narrative that follows consider the operations of the governmental and business-type activities.



-9-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED) DECEMBER 31, 2012

FINANCIAL ANALYSIS OF THE CITY AS A WHOLE (CONCLUDED)

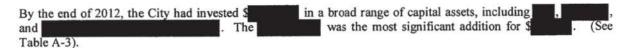
Governmental Activities
The City experienced an increase in expenses in 2012. with one of the bigger expenses being the increased due to giving the decreased approximately \$ due to a project in 2011 that did not occur in 2012 and \$ more in 2012 and not in 2011.
Business-Type Activities
increased approximately size in expenses, due to approximately more in purchased for the operating agreements, as well as more purchased by the agreement, as new management didn't take over in the prior year until October of 2011, so the 2012 was a full year for operations. increased by approximately size mainly due to more being used in 2012. It revenue increased slightly, mainly due to cost increase.
FINANCIAL ANALYSIS OF THE CITY'S FUNDS
The financial analysis of the City's funds mirror those highlighted in the analysis of governmental and business-type activities presented above. The City's only governmental fund type is the General Fund. The City also maintains business type funds —
BUDGETARY HIGHLIGHTS
The City budgeted in for a project that didn't happen in 2012 at \$ was also budgeted for a These are the main changes to the budget still remains steady, so thus expected budgeted revenue was increased in 2012.

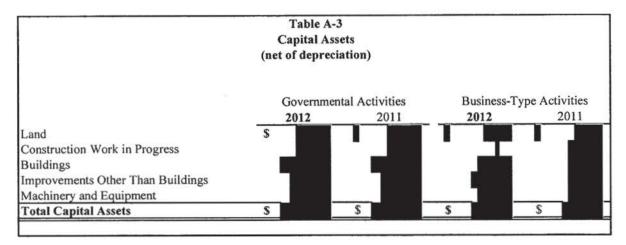
-10-

CITY OF FAITH

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONCLUDED)
DECEMBER 31, 2012

CAPITAL ASSET ADMINISTRATION





LONG-TERM DEBT

As of December 31, 2012, the City had \$ in long-term debt (See Table A-4 below)

Table A-	4	
Outstanding Debt an	d Obligations	
	Gover	nmental Activities
	2012	2011
Capital Acquisition Lease		
Total Outstanding Debt and Obligations	\$	\$

ECONOMIC FACTORS AND NEXT YEARS BUDGETS AND RATES

The City expects business-type activities for 2013 to increase due to rate increases.

CONTACTING THE CITY'S FINANCIAL MANAGEMENT

The financial report is designed to provide our citizens, taxpayers, customers, and investors and creditors with a general overview of the City's finances and to demonstrate the City's accountability for the money it receives. If you have questions about this report or need additional information, contact the City of Faith's Finance Office, P.O. Box 368, Faith, SD 57626.

-11-

CITY OF FAITH

STATEMENT OF NET POSITION - MODIFIED CASH BASIS DECEMBER 31, 2012

	Governmental Activities	Business-Type Activities	Total
ASSETS:			
Cash and Cash Equivalents	\$	\$	\$
Investments			
Accounts Receivable, Net			
Inventory			
Capital Assets:			
Land and Construction Work in Progress			
Other Capital Assets, Net of Depreciation			
TOTAL ASSETS	\$	\$	\$
CHABILITIES: Other Current Liabilities Non-Current Liabilities: Due Within One Year Due in More Than One Year TOTAL LIABILITIES	\$	s	\$
TOTAL LIABILITIES			
NET POSTION:			
Net Investment in Capital Assets			
Unrestricted			
TOTAL NET POSTION			
TOTAL LIABILITIES AND NET POSITION	S	S	S

-12-

CITY OF FAITH

STATEMENT OF ACTIVITIES - MODIFIED CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2012

Program Net (Expense) Revenue and	
Operating Capital Primary Government	
Charges for Grants and Grants and Governmental Business-Type	109
Expenses Services Contributions Contributions Activities Activities To	tal
Functions/Programs	
Primary Government:	
Governmental Activities:	
General Government \$	
Public Safety	
Public Works	
Health and Welfare	
Culture and Recreation	
Conservation and Development	
Interest on Long-Term Debt	-
Total Governmental Activities	
Business-Type Activities:	
	ances of the
	21 2A
	ALL VIEW POR
	8
Total Business-Type Activities	
Total Primary Government \$ 1000 1000 1000 1000 1000 1000 1000 1	Mari
Total Trinary Government	0
General Revenues and Transfers:	
General Revenues:	
Taxes:	
Sales Taxes	
Gross Receipt Taxes	
State Shared Revenues	
Grants and Contributions not Restricted to Specific Programs	
Unrestricted Investment Earnings	
Miscellaneous Revenue	
Transfers	
Total General Revenues and Transfers	
Change in Net Position	
Net Position- December 31, 2011	
Net Position - December 31, 2012	

-13-

CITY OF FAITH

BALANCE SHEET GOVERNMENTAL FUND - MODIFIED CASH BASIS DECEMBER 31, 2012

		General Fund
ASSETS	•	
101	Cash and Cash Equivalents	\$
151	Savings Certificates - Investments	
115	Accounts Receivable, Net	
142	Inventory	
TOTAL	ASSETS	\$
	ITIES AND FUND BALANCE:	
Liabiliti 216	Other Current Liabilities	\$
Liabiliti 216	es:	\$
Liabiliti 216 Total Li	Other Current Liabilities abilities:	\$
Liabiliti 216 Total Li Fund Ba	Other Current Liabilities abilities:	\$
Liabilition 216 Total Li Fund Ba 263.01	Other Current Liabilities abilities:	\$
Liabilitic 216 Total Li Fund Ba 263.01 267	Other Current Liabilities abilities: lance: Nonspendable	\$
Liabilitic 216 Total Li Fund Ba 263.01 267 Total Fu	Other Current Liabilities abilities: lance: Nonspendable Unassigned	\$

CITY OF FAITH

RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE SHEET TO THE STATEMENT OF NET POSITION - MODIFIED CASH BASIS **DECEMBER 31, 2012**

Total Fund Balances - Governmental Funds

Amounts reported for governmental activities in the Statement of Net Position are different Because:

> Capital Assets used in governmental activities are not financial resources and therefore are not reported in the funds.

Long-term liabilities are not due and payable in the current period and therefore are not included in the funds.

Total Net Position - Governmental Activities

-15-

CITY OF FAITH

STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCES GOVERNMENTAL FUND - MODIFIED CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2012

		General Fund
Revenue:		
	Taxes:	-
313	Sales Taxes	\$
314	Gross Receipts Business Taxes	
315	Amusement Taxes	
320	Licenses and Permits	
	Intergovernmental Revenue:	
334	State Grant	
335.02	Motor Vehicle Commercial ProRate	
335.03	Tax Reversion	
335.04	Motor Vehicle Licenses	
335.08	Local Government Highway and Bridge Fund	
338.01	County Road Tax	<u> </u>
338.99	Other	
	Charges for Goods and Services:	· ·
341	General Government	
342	Public Safety	
343	Highways and Streets	<u></u>
346	Culture and Recreation	
347	Ambulance	
348	Cemetery	
349	Other	
	Miscellaneous Revenue:	-
361	Investment Earnings	
362	Rentals	
367	Contributions and Donations From Private Sources	
369	Other	
Total Rev	enue	45.42 Week Code (142.5 - 142.5)

-16-

CITY OF FAITH

STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN FUND BALANCE (CONTINUED) GOVERNMENTAL FUND - MODIFIED CASH BASIS FOR THE YEAR ENDED DECEMBER 31, 2012

Expenditur 411	General Government:	<u> </u>
egener.	General Government:	
411		
	Legislative	
412	Executive	
413	Elections	· ·
414	Financial Administration	
419	Other	
X10000 (C.	Public Safety:	
421	Police	1
422	Fire	
	Public Works:	
431	Highway and Streets	
435	Airport	
437	Cemeteries	7
	Health and Welfare:	_
441	Health	
446	Ambulance	
	Culture and Recreation:	
451	Recreation	
452	Parks	
454	Swimming Pool	
455	Library	
	Conservation and Development:	
465	Economic Development and Assistance	
465.3	Promoting the City	
466	Economic Opportunity	
470	Debt Service	
485	Capital Outlay	
Total Expe		
Other Fine	ncing Sources:	
390.3	Proceeds from Sale of Capital Assets	
391.01	Transfers In	120
391.04	Compensation for Loss or Damage To Capital Assets	-
	r Financing Sources	
Jul Othe	- A manage of the same of the	
Net Chang	e in Fund Balance	
Fund Balan	ce, December 31, 2011	
Fund Bala	nce, December 31, 2012	S